

# STATE OF ARKANSAS

## AASIS Security Authorization Form



**1 Effective Date** Month / Day / Year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**2 Activate Role Title(s)** Select one if activating a Role Title.

☐ New AASIS End User ☐ Existing AASIS End User With Additional Role Titles

**Deactivate Role Title(s)** Select one if deactivating a Role Title.

☐ Non-Disciplinary ☐ Disciplinary ☐ Urgent

**3 Employee Information** Complete all fields.

Personnel Number \_\_\_\_\_

Last name

First

Middle Initial

Agency

Department/Section

Business Area

Work Phone

Extension

**4 Role Title(s)** List only new Role Title(s) and check "Activate" and/or existing Role Title(s) and check "Deactivate."

Activate / Deactivate

Role Title

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**Conflict in Separation of Duties Justification:** Agency Employee Supervisor, please provide written justification in case(s) of conflict in separation of duties resulting from the Role Title activity requested for this employee.

**5** "I certify that I have read, understand and signed the AASIS Information Confidentiality and Security Agreement (maintained on file), will comply with the policy and be bound by its intent. I have reviewed and understand the Role Title activity requested on this form."

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

"I approve the Role Title activity for this employee. I have written justification in case of conflict in separation of duties."

**Agency Supervisor/Designee / Date** \_\_\_\_\_

**Agency Supervisor/Designee / Date** \_\_\_\_\_

**Agency Supervisor/Designee / Date** \_\_\_\_\_

"I have identified any case of conflict in separation of duties. I acknowledge that this form's documentation is complete."

**Agency Security Liaison** \_\_\_\_\_ **Date** \_\_\_\_\_

The agency director or designee's signature is required only in case of conflict of separation of duties caused by the requested combination of Role Titles.) "I approve the Role Title activity for this employee and the justification of conflict of separation of duties as written on this form."

**Agency Director/Designee** \_\_\_\_\_ **Date** \_\_\_\_\_

**6** Return the completed, signed form to your Agency Security Liaison for further processing. Agencies are to retain this document with the Employee's signed AASIS Information Confidentiality and Security Agreement.